

# Report on the Health Status of Older Adults

## Maricopa County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Maricopa County.

### *Population Characteristics*

Table 1 presents information about the characteristics of older adults living in Maricopa County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 12% of the total population in Maricopa County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

**TABLE 1: POPULATION ESTIMATES \* FOR 2001**

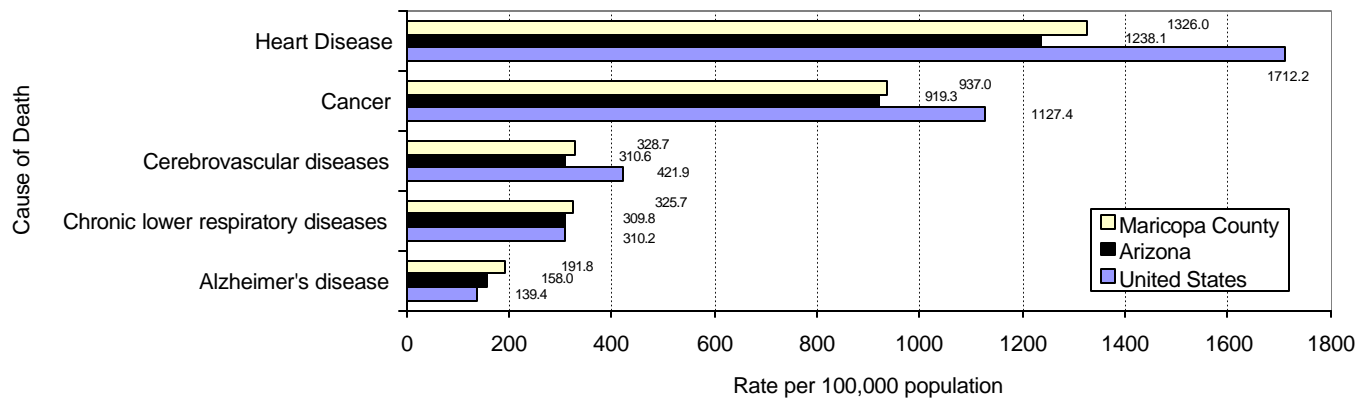
	Maricopa County	Arizona	United States
Total Population	3,194,798	5,307,331	284,796,887
Age 65+ Population	373,310 (11.7%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	160,629 (43.0%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	212,681 (57.0%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	335,340 (89.8%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	23,407 (6.3%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	6,730 (1.8%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	1,720 (0.5%)	14,360 (2.1%)	140,099 (0.4%)
Asian	4,142 (1.1%)	6,454 (1.0%)	810,399 (2.3%)
Other	1,867 (0.5%)	3,506 (0.5%)	254,130 (0.7%)

\*Estimates calculated based on the 2000 U.S. Census

### *Mortality and Hospitalizations*

The five leading causes of death among adults age 65 and older in Maricopa County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001, U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. Maricopa County reported higher mortality rates than Arizona for all categories, with the largest difference in deaths due to heart disease. A review of mortality data for 1996-2000 indicates that Maricopa County averages approximately 6% higher death rate in heart disease annually than Arizona. Lung cancer is the leading cause of cancer deaths both county and statewide; Maricopa County reported a rate similar to that of the state, with approximately 255 deaths per 100,000 individuals.

**FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000**



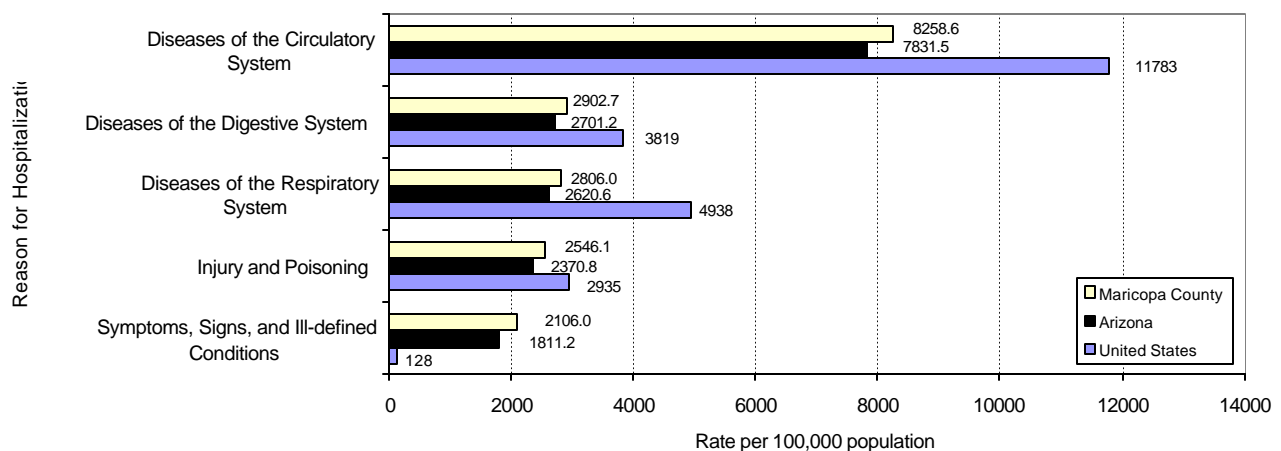
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Maricopa County, Arizona, and the United States, based on primary ICD9 diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

**FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000**



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

For all categories, the national hospitalization rate in 2000 was higher than the 2001 rates reported for both Maricopa County and Arizona, with the exception of hospitalizations due to symptoms, signs, and ill-defined conditions, in which national rates were considerably lower than state and county reported hospitalization rates. Maricopa County reported higher hospitalization rate than Arizona for all categories. In considering diseases of the circulatory, digestive, and respiratory systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, diverticulitis, and pneumonia, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. Chest pain was the leading cause of hospitalization among 65 and older adults within the symptoms, signs, and ill-defined conditions category. The average length of stay in the hospital among older adults in Maricopa County was identical to that of the state, at 4.7 days, compared to 6.0 days nationally (year 2000 data). The average hospitalization cost for Maricopa County seniors in 2001 was \$23,595, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Maricopa County seniors incurred total hospitalization charges equaling \$2,414,575,837 for the year 2001.

## ***Risk Factors***

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population.

**TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+**

	Maricopa County	Arizona	United States
Number of respondents, ages 65+	118	624	34,087
Gender			
Male	33 (28.0%)	245 (39.3%)	11,913 (34.9%)
Female	85 (72.0%)	379 (60.7%)	22,174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	110 (93.2%)	566 (90.7%)	28,915 (84.8%)
Hispanic	5 (4.2%)	45 (7.2%)	1,977 (5.8%)
Black	1 (0.8%)	5 (0.8%)	1,764 (5.2%)
American Indian	0	5 (0.8%)	332 (1.0%)
Other	2 (1.7%)	3 (0.5%)	1,099 (3.2%)
Mean Age (Years)	74.8	73.8	74.0

Of the 118 older adults surveyed in Maricopa County, 39.8% described their general health status as very good or excellent, compared to 41.3% for the state and 35.4% for the United States. Thirteen surveyed adults (11.0%) in the county described their general health as poor, a slightly higher rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, approximately 48% of the

surveyed older adults in Maricopa County are classified as overweight or obese by national health standards, yet only 32.2% of respondents reported current attempts at losing weight. Over half of the respondents in Maricopa County (60.2%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 35.6% reported being physically inactive. The remaining 64.4% of respondents reported participating in a physical activity, although only 38.1% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is slightly higher than the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported on the statewide 2000 BRFSS, are walking, gardening, golf, aerobics, and bicycling. Also in 2000, 5.9% of surveyed adults in Maricopa County reported that they are current daily smokers, a lower incidence than reported for the state and the nation, 7.4% and 7.9%, respectively. Five of the seven smokers (71.4%) reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year. This is considerably higher than the state and national rates of 41.3% and 40.9%, respectively.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;  
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Maricopa County	Arizona	United States
Weight Group <sup>1</sup>			
Normal weight	50.0%	46.8%	42.5%
Overweight	36.4%	35.1%	36.7%
Obese	11.0%	17.0%	16.8%
Unknown	2.5%	1.1%	4.0%
Daily Servings of Fruits and Vegetables			
Less than once a day or never	0.0%	1.4%	3.3%
1 to less than 3 times per day	15.3%	16.8%	21.9%
3 to less than 5 times per day	44.9%	38.8%	43.3%
5 or more times per day	39.8%	42.9%	31.5%
Activity level/exercise <sup>2</sup>			
Physically inactive	35.6%	37.5%	37.0%
Less than recommended activity	26.3%	26.6%	25.7%
Meets recommended activity level	38.1%	35.9%	37.3%
Smoking status			
Current smoker, smoke everyday	5.9%	7.4%	7.9%
Current smoker, smoke some days	0.8%	1.9%	2.1%
Former smoker	39.0%	41.3%	37.4%
Never smoked	54.2%	48.7%	52.1%
Don't know/refused question	0.0%	0.6%	0.5%

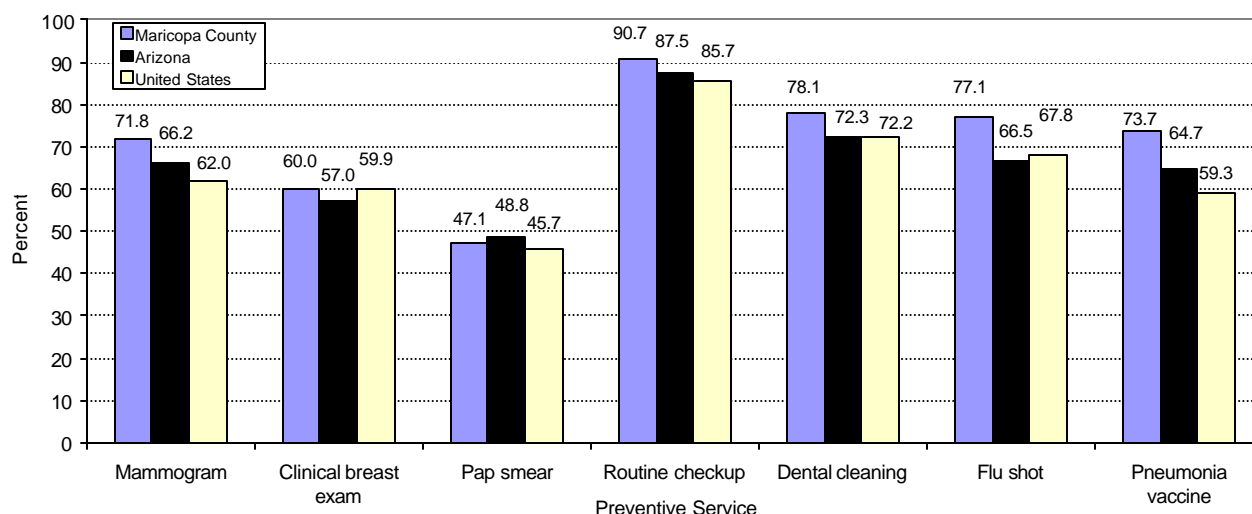
<sup>1</sup>Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

<sup>2</sup>Recommended activity is exercise 3 or more days per week for 20 minutes or more

## Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentage for pneumococcal vaccine is reported for individuals receiving the vaccine at any point in their life.

**FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**



Among all survey respondents, “obtaining a yearly medical checkup” was the highest reported use of a preventive service, with a rate of approximately 91% among Maricopa County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. Yearly dental cleaning was also highly reported among all respondents, a rate of 78.1% for Maricopa County, compared to approximately 72% of both state and national respondents. Both Maricopa County and the state as a whole exceeded the national rate for obtaining a pneumococcal vaccine, with 73.7% of county and 64.7% of state respondents reporting ever having the vaccine, as compared to 59.3% for the United States. A higher number of respondents in Maricopa County (77.1%) reported having a flu shot in the past year, compared to the 66.5% of state respondents and 67.8% for the nation.

In the category of women’s health, nearly 72% of Maricopa County female respondents reported having a mammogram within the past year, compared to 66% of state and 62% of national respondents. Approximately 60% of county and national respondents received a clinical breast exam within the past year, a slightly higher rate than the 57% reported by Arizona interviewees. Yearly Pap smears were obtained by fewer than 50% of all county, state, and national female respondents.

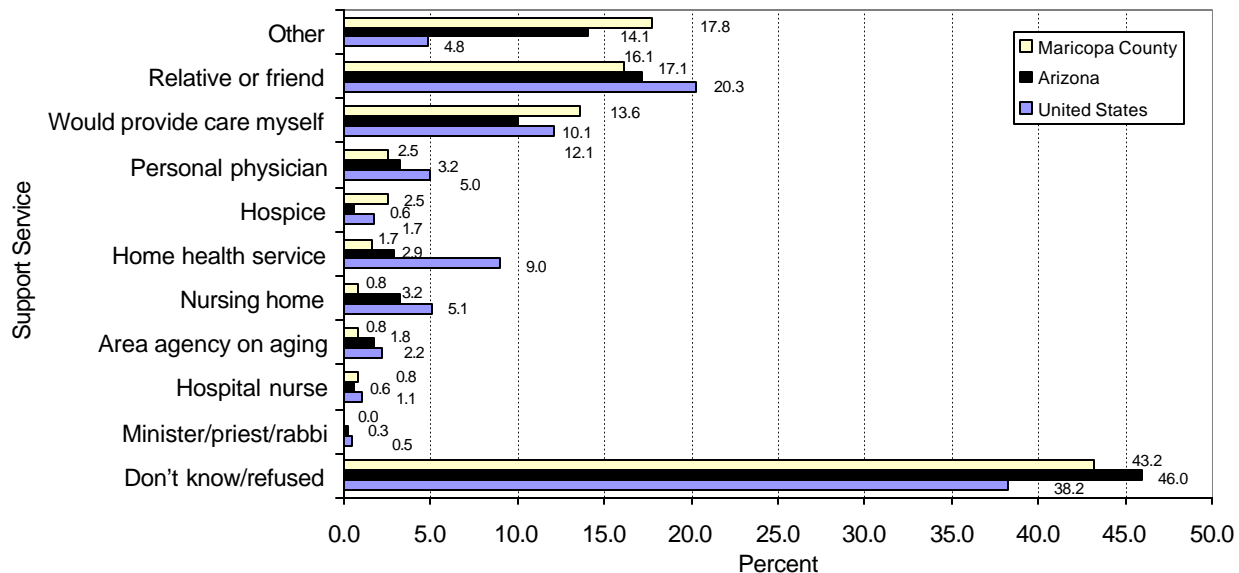
## Mental Health and Support Services

According to BRFSS 2000 data, older respondents in Maricopa County reported an average of 2.2 days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of mental health status, for example feeling depressed, anxious, or not well-rested, 27.1% of older respondents in Maricopa County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental conditions, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs excluding treatment provided by private agencies or personal physicians, it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, nearly 45% of county respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, less than 10% of the older respondents in Maricopa County thought of these services as a resource for needed care.

**FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES ; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**



BRFSS 2000: “Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?”

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). Thirty-seven individuals responded to these questions in Maricopa County. Of those, 34 people responded that they did not need help with personal care needs, 2 respondents reported utilizing a paid employee or home health service, and the remaining respondent indicated that his/her spouse or partner provided the necessary care. Ten individuals responded that they needed assistance with routine tasks; 8 respondents reported help from immediate family members, 1 respondent cited a paid employee or home health service as his/her care provider, and the remaining respondent received help from an unpaid volunteer. Statewide and nationally, public services were more frequently mentioned responses. In both regions, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

### ***Healthy Aging 2010***

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Maricopa County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

For more information about this publication, please contact Jennifer Catero at (602) 542-1898.

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